

Indianapolis EMS  
Patient Care Record

Name: NORTHINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

| Patient Information |                           |           |                        | Clinical Impression         |                                 |       |         |
|---------------------|---------------------------|-----------|------------------------|-----------------------------|---------------------------------|-------|---------|
| Last                | NORTHINGTON               | Address   | 3520 Fall Creek Park   | Primary Impression          | Cardiac arrest                  |       |         |
| First               | ELEANOR                   | Address 2 | APT E                  | Secondary Impression        |                                 |       |         |
| Middle              |                           | City      | Indianapolis           | Protocol Used               |                                 |       |         |
| Gender              | Female                    | State     | IN                     | Anatomic Position           |                                 |       |         |
| DOB                 |                           | Zip       | 46205                  | Onset Time                  |                                 |       |         |
| Age                 | 43 Yrs, 9 Months, 2 Days  | Country   | US                     | Chief Complaint             | cardiac arrest                  |       |         |
| Weight              | 300.0lbs - 136.1kg        | Tel       |                        | Duration                    | 15                              | Units | Minutes |
| Pedi Color          |                           | Physician |                        | Secondary Complaint         |                                 |       |         |
| SSN                 |                           | Ethnicity | Not Hispanic or Latino | Duration                    |                                 | Units |         |
| Race                | Black or African American |           |                        | Patient's Level of Distress |                                 |       |         |
| Advance Directives  |                           |           |                        | Signs & Symptoms            | Cardiovascular - Cardiac arrest |       |         |
| Resident Status     |                           |           |                        | Injury                      | --                              |       |         |
|                     |                           |           |                        | Mechanism of Injury         |                                 |       |         |
|                     |                           |           |                        | Medical/Trauma              | Medical                         |       |         |
|                     |                           |           |                        | Barriers of Care            | Unconscious                     |       |         |
|                     |                           |           |                        | Alcohol/Drugs               | Unknown                         |       |         |
|                     |                           |           |                        | Pregnancy                   | No                              |       |         |
|                     |                           |           |                        | Initial Patient Acuity      |                                 |       |         |
|                     |                           |           |                        | Final Patient Acuity        | Critical (Red)                  |       |         |
|                     |                           |           |                        | Patient Activity            |                                 |       |         |

| Medication/Allergies/History |                              |
|------------------------------|------------------------------|
| Medications                  | Unknown                      |
| Allergies                    | Other drug allergy - unknown |
| History                      | Other - unknown              |
| Last Oral Intake             |                              |

| Vital Signs |              |      |     |           |        |      |      |       |    |     |      |      |                       |     |     |
|-------------|--------------|------|-----|-----------|--------|------|------|-------|----|-----|------|------|-----------------------|-----|-----|
| Time        | AVPU         | Side | POS | BP        | Pulse  | RR   | SPO2 | ETCO2 | CO | BG  | Temp | Pain | GCS(E+V+M)/Qualifiers | RTS | PTS |
| 20:56       | Unresponsive |      |     | /         | 0 R    | 10 V |      |       |    |     |      | 0    | 3=1+1+1/NQ            |     |     |
| 21:01       | Unresponsive | L    |     | /         | 0      | 10 V |      | 16    |    |     |      |      | 3=1+1+1/NQ            |     |     |
| 21:08       | Unresponsive | L    |     | /         | 0      | 10 V |      | 31    |    |     |      |      | 3=1+1+1/NQ            |     |     |
| 21:12       | Unresponsive | R    |     | 132/100 M | 150 II | 10 V |      | 48    |    | 195 |      | 0    | 3=1+1+1/NQ            | 8   |     |
| 21:23       | Unresponsive | L    |     | /         | 67 R   | 10 V |      | 28    |    |     |      |      | 3=1+1+1/NQ            |     |     |
| 21:32       | Unresponsive | L    |     | 112/ P    | 115 R  | 10 V |      | 38    |    |     |      |      | 3=1+1+1/NQ            | 8   |     |

| ECG   |          |  |  |
|-------|----------|--|--|
| Time  | Type     | Rhythm   | Notes  |
| 20:56 | 4-Lead   | Asystole   |  |
| 21:01 | 4-Lead   | PEA  | bradycardic and narrow complex PEA   |
| 21:08 | 4-Lead   | PEA  | narrow complex and tachycardic PEA   |
| 21:12 | 12L-Lead | Premature Atrial Contractions, Premature Ventricular Contractions, Sinus Tachycardia | sinus tachycardia with frequent PACs and PVCs with diffuse ST-depression       |
| 21:23 | 4-Lead   | Sinus Rhythm, Premature Atrial Contractions  |  |
| 21:32 | 12L-Lead | Sinus Rhythm, Premature Ventricular Contractions                                     | sinus rhythm with diffuse ST-depression and premature ventricular contractions |

| Flow Chart |           |  |           |
|------------|-----------|--|-----------|
| Time       | Treatment | Description                              | Provider  |
| PTA        | CPR       | Patient Response: Unchanged; Successful; | IFD, EG24 |

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| Flow Chart |                         |   |                    |
|------------|-------------------------|---|--------------------|
| Time       | Treatment               | Description   | Provider           |
| PTA        | Oxygen                  | Bag Valve Mask (BVM); Flow Rate: 15 lpm; Patient Response: Unchanged; Successful;   | IFD, EG24          |
| PTA        | OPA                     | Patient Response: Unchanged; Successful;  | IFD, EG24          |
| 20:56      | Intraosseous            | IO (Adult); IO-Humeral-Left; Normal Saline (.9% NaCl); Total Fluid: 1500 ml; Patient Response: Unchanged; Successful;   | HOLINGER, CAMPBELL |
| 20:57      | Epinephrine 1:10        | 1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 20:57      | Orotracheal Intubation  | 7.5; Placed At 23cm; Placement Verification: Auscultation, Digital ETCO2, Visualization of Vocal Cords, Waveform ETCO2, Condensation in Tube, Airway Complications: None Patient Response: Unchanged; Stop Time: 20:57; Successful;   | HOLINGER, CAMPBELL |
| 21:01      | Epinephrine 1:10        | 1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 21:05      | Epinephrine 1:10        | 1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 21:07      | Sodium Bicarb 8.4%      | 50 Milliequivalents (mEq); Intraosseous (IO); Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 21:10      | Epinephrine 1:10        | 1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 21:11      | CPR Discontinued        | Patient Response: Unchanged;  | HOLINGER, CAMPBELL |
| 21:17      | Consult/Order Requested | Comments: On-line Medical Control at Eskenazi ED contacted and medical alert notification made. In an effort to preserve the patient's hemodynamic stability following ROSC, decision was made to request orders for an Epinephrine infusion at 10mcg/minute should the patient become bradycardic or hypotensive. On-line Medical Control Physician approved order as requested.; Patient Response: Unchanged; | HOLINGER, CAMPBELL |
| 21:24      | Epinephrine Infusion    | 10 Micrograms per Minute (mcg/min); Intraosseous (IO); Patient Response: Improved;  | HOLINGER, CAMPBELL |
| 21:25      | IV Therapy              | 16 ga; Antecubital-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;  | HOLINGER, CAMPBELL |
| 21:26      | IV Therapy              | 20 ga; Forearm-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;  | HOLINGER, CAMPBELL |
| 21:27      | IV Therapy              | 20 ga; Hand-Left; Total Fluid: 0 ml; Patient Response: Unchanged; Unsuccessful;   | HOLINGER, CAMPBELL |
| 21:28      | Intraosseous            | IO (Adult); IO-Humeral-Right; Normal Saline (.9% NaCl); Total Fluid: 200 ml; Patient Response: Unchanged; Successful;   | HOLINGER, CAMPBELL |

| Initial Assessment |          |                  |  |
|--------------------|----------|------------------|--|
| Category           | Comments | Abnormalities    |  |
| Mental Status      |          | Mental Status    | + Unresponsive   |
|                    |          |                  | - Event Oriented, Person Oriented, Place Oriented, Time Oriented   |
| Skin               |          | Skin             | + Cyanotic, Pale   |
| HEENT              |          | Head/Face        | Not Assessed   |
|                    |          | Eyes             | + Left Pupil: 5-mm, Left: Dilated, Left: Non-Reactive, Right Pupil: 5-mm, Right: Dilated, Right: Non-Reactive  |
|                    |          | Neck/Airway      | Not Assessed   |
| Chest              |          | Chest            | - Accessory Muscle, Retractions  |
|                    |          | Heart Sounds     | Not Assessed   |
|                    |          | Lung Sounds      | + LL: Clear, LU: Clear, RL: Clear, RU: Clear<br>- LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi |
| Abdomen            |          | General          | Not Assessed   |
|                    |          | Left Upper       | - Distension, Guarding, Mass, Tenderness   |
|                    |          | Right Upper      | - Distension, Guarding, Mass, Tenderness   |
|                    |          | Left Lower       | - Distension, Guarding, Mass, Tenderness   |
|                    |          | Right Lower      | - Distension, Guarding, Mass, Tenderness   |
| Back               |          | Cervical         | Not Assessed   |
|                    |          | Thoracic         | Not Assessed   |
|                    |          | Lumbar/Sacral    | Not Assessed   |
| Pelvis/GU/GI       |          | Pelvis/GU/GI     | Not Assessed   |
| Extremities        |          | Left Arm         | No Abnormalities   |
|                    |          | Right Arm        | No Abnormalities   |
|                    |          | Left Leg         | No Abnormalities   |
|                    |          | Right Leg        | No Abnormalities   |
|                    |          | Pulse            | Not Assessed   |
|                    |          | Capillary Refill | Not Assessed   |
| Neurological       |          | Neurological     | Not Assessed   |

Assessment Time: 02/06/2019 20:55:00

## Ongoing Assessment

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| Category      | Comments | Abnormalities    |  |
|---------------|----------|------------------|--|
| Mental Status |          | Mental Status    | + Unresponsive   |
|               |          |                  | - Event Oriented, Person Oriented, Place Oriented, Time Oriented   |
| Skin          |          | Skin             | + Pale   |
| HEENT         |          | Head/Face        | Not Assessed   |
|               |          | Eyes             | + Left Pupil: 5-mm, Left: Dilated, Left: Non-Reactive, Right Pupil: 5-mm, Right: Dilated, Right: Non-Reactive  |
|               |          | Neck/Airway      | Not Assessed   |
| Chest         |          | Chest            | - Accessory Muscle, Retractions  |
|               |          | Heart Sounds     | Not Assessed   |
|               |          | Lung Sounds      | + LL: Clear, LU: Clear, RL: Clear, RU: Clear   |
|               |          |                  | - LL: Absent, LL: Decreased, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Decreased, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Rales, RU: Wheezing, RU: Rhonchi |
| Abdomen       |          | General          | Not Assessed   |
|               |          | Left Upper       | - Distension, Guarding, Mass, Tenderness   |
|               |          | Right Upper      | - Distension, Guarding, Mass, Tenderness   |
|               |          | Left Lower       | - Distension, Guarding, Mass, Tenderness   |
|               |          | Right Lower      | - Distension, Guarding, Mass, Tenderness   |
| Back          |          | Cervical         | Not Assessed   |
|               |          | Thoracic         | Not Assessed   |
|               |          | Lumbar/Sacral    | Not Assessed   |
| Pelvis/GU/GI  |          | Pelvis/GU/GI     | Not Assessed   |
| Extremities   |          | Left Arm         | No Abnormalities   |
|               |          | Right Arm        | No Abnormalities   |
|               |          | Left Leg         | No Abnormalities   |
|               |          | Right Leg        | No Abnormalities   |
|               |          | Pulse            | Not Assessed   |
|               |          | Capillary Refill | Not Assessed   |
| Neurological  |          | Neurological     | Not Assessed   |

Assessment Time: 02/06/2019 21:30:00

## Narrative

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IEMS was dispatched for a mental/emotional C-code and responded with no lights or sirens. While responding Medic 24 was advised that the call type was upgraded to a cardiac arrest and response was upgraded to lights and sirens. IMPD reported that the patient was acting erratically and inappropriately. IMPD reported they were involved in a foot pursuit and brief physical altercation with the patient, during which defensive tactics were used to control the patient. IMPD reported that they then handcuffed the patient. IMPD reported that following that the patient became unresponsive. IMPD stated they removed the handcuffs and initiated CPR. At this point IMPD had no information regarding the patient's identity, medical history/medications/medication allergies, or drug/ETOH intake. IFD arrived first and provided initial patient care including CPR, placement of an OPA, and initiation of BVM ventilations at 10/minute with 15LPM supplemental oxygen. Upon IEMS arrival found patient supine on ground, unresponsive, with airway being maintained via manual maneuvers. Patient was unresponsive to all stimuli, GCS 3. Upon evaluation, patient was noted to be pulseless and apneic without ventilatory assistance. Patient was noted to be in asystole. Upon evaluation, no acute trauma was noted to head/face, anterior or posterior torso, or upper extremities bilaterally. Upon auscultation, patient's lung sounds were noted to be present, clear, and equal bilaterally with each ventilation. Patient's skin was noted to be warm but pale with perioral cyanosis. Patient's pupils were slightly dilated and non-reactive but equal. Patient's abdomen was noted to be soft, non-rigid, non-distended. All other exams were unremarkable given cardiac arrest status. Upon evaluation, no appreciable sites for IV access were appreciated in upper extremities bilaterally or bilateral external jugular veins. Given this fact and the patient's critical care status, decision was made to proceed immediately to IO access. IO access obtained, 45mm, in left humoral head, successfully on first attempt. Correct placement was confirmed with easy flush without signs of infiltration and blood/bone marrow presentation upon aspiration. Patient was administered normal saline running at at wide open rate and IO was secured with commercial securement device. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Intubation initiated. Direct laryngoscopy performed utilizing a Macintosh 4 blade, revealing a grade 1 view of vocal cords and glottic opening. Patient was successfully intubated on first attempt with a 7.5ETT. Correct placement was confirmed with direct visualization of tube passing the vocal cords, present, clear, and equal lung sounds bilaterally, negative epigastric sounds, mist in the tube, and digital ETCO2 confirmation. ETT was seated at 23cm at the teeth and secured with a commercial securement device. Upon evaluation, patient was noted to be normocarbic given cardiac arrest with a largely appropriate digital waveform. At next pulse check patient was noted to be in a bradycardic and narrow complex PEA. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Due to the patient being in a non-shockable rhythm, with appropriate venous access, an appropriately controlled airway, and the patient being located in the center of a church sanctuary with many bystanders present, decision was made to move the patient to the ambulance and continue resuscitative efforts in the ambulance (but not transport unless ROSC was obtained). Patient was lifted from ground and placed on cot. Patient was secured to cot and moved to ambulance without incident. ETT placement was reconfirmed multiple times throughout movement and once in the ambulance, with reauscultation of lung sounds, negative tube migration, and continued digital ETCO2 waveform. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. Due to the patient's reported agitation, erratic behavior, the possibility existed that the patient was in an excited delirium or similar state prior to arrest. As a result, decision was made to administer 50mEq Sodium Bicarbonate IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. At next pulse check following Sodium Bicarbonate administration, the patient was noted to have an increased ETCO2 and patient was now noted to be in a narrow, tachycardic PEA, no carotid or femoral pulses were appreciated. Patient was administered 1.0mg Epinephrine 1:10,000 IO push. Patient tolerated medication administration appropriately with no adverse side effects noted. At next pulse check patient was noted to have appreciable carotid and femoral pulses. CPR discontinued. Upon evaluation, patient was noted to be tachycardic, normotensive, and bradypneic without ventilatory assistance. 12-lead EKG performed and revealed sinus tachycardia with frequent PACs and PVCs with diffuse ST-depression. Patient's ETCO2 had gradually increased since ROSC was obtained, patient was now hypercarbic with an appropriate digital waveform. Lung sounds remained present, clear, and equal bilaterally. Patient's skin remained pale however perioral cyanosis had resolved. Patient's pupils remained slightly dilated and non-reactive but equal. BGC 195. Transport initiated. On-line Medical Control at Eskenazi ED contacted and medical alert notification made. In an effort to preserve the patient's hemodynamic stability following ROSC, decision was made to request orders for an Epinephrine infusion at 10mcg/minute should the patient become bradycardic or hypotensive. On-line Medical Control Physician approved order as requested. Several minutes into transport the patient's pulse began to steadily and regularly decrease to approximately 60BPM and continued to trend downwards, patient remained a sinus rhythm. This was accompanied by a decrease in ETCO2. The patient continued to have palpable carotid pulses, however a blood pressure was not obtained in an effort to expeditiously initiate intervention. An epinephrine infusion was initiated at 10mcg/minute (1.0mg epinephrine was added to a 1L of normal saline and ran at 10mL/minute). Patient tolerated medication administration appropriately with no adverse side effects noted. Shortly following initiation of epinephrine the patient's pulse began to increase and patient returned to a sinus rhythm with PACs at approximately 120 beats per minute, patient's ETCO2 increased as well. Upon evaluation, patient was noted to be normotensive. Secondary IV access attempted three times without success. Due to three failed IV attempts and no further appreciable sites for IV access, decision was made to pursue IO access. Secondary IO access obtained, 45mm in right humoral head, successful on first attempt. Correct placement confirmed with easy flush without signs of infiltration and blood and bone marrow presentation upon aspiration. Patient was administered normal saline at a wide open rate and IO secured in place with a commercial securement device. Patient monitored and reassessed throughout transport with no further significant changes noted. Patient remained slightly tachycardic and normotensive. Patient's ETCO2 eventually reached within normal limits and remained within normal limits throughout duration of transport. Correct ETT placement reconfirmed multiple times throughout transport with continued digital ETCO2 waveform, present, clear, and equal lung sounds, and negative ETT migration. Repeat 12-lead performed and had "normalized" slightly, patient continued to be in sinus tachycardia with diffuse ST-depression and occasional PVCs. Patient remained unresponsive to all stimuli, patient's pupils remained dilated and non-reactive. Patient was administered a total of approximately 1700mL normal saline throughout resuscitation. All other exams remained unchanged. Hand off report given and patient care transferred to Eskenazi ED staff.

## Specialty Patient - Advanced Airway

| Airway           | Indications   | Monitoring Devices        | Rescue Devices                                    | Reasons Failed Intubation |
|------------------|---|---------------------------|---|---------------------------|
| Class3<br>Grade1 | Airway Reflexes Compromised<br>Apnea/Agonal Respirations<br>Potential for Future Airway Complications<br>Ventilatory Effort Compromised | CPR<br>IV<br>ECG<br>ETCO2 | Cricothyroidotomy<br>Combitube/King Airway<br>BVM | N/A                       |

## Specialty Patient - CPR

| Cardiac Arrest           | Yes, Prior to EMS Arrival | Prearrival CPR Instructions | No                          | In Field Pronouncement |    |
|--------------------------|---------------------------|-----------------------------|-----------------------------|------------------------|----|
| Cardiac Arrest Etiology  | Respiratory/Asphyxia      | First Defibrillated By      | Not Applicable              | Expired                | No |
| Estimated Time of Arrest | 8-10 Minutes              | Time of First Defib         |                             | Time                   |    |
| Est Time Collapse to 911 | 0 Minutes                 | Initial ECG Rhythm          | Asystole                    | Date                   |    |
| Est Time Collapse to CPR | 0 Minutes                 | Rhythm at Destination       | Sinus Tachycardia           | Physician              |    |
| Arrest Witnessed By      | Witnessed by Lay Person   | Hypothermia                 | No                          |                        |    |
| CPR Initiated By         | Law Enforcement           | End of Event                | Ongoing Resuscitation in ED |                        |    |
| Tme 1st CPR              | 20:44 02/06/2019          | ROSC                        | Yes, At Arrival at the ED   |                        |    |
| CPR Feedback             | No                        | ROSC Time                   | 21:11 02/06/2019            |                        |    |
| ITD Used                 | No                        | ROSC Occured                | After ALS                   |                        |    |

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| Specialty Patient - CPR |   |                            |   |
|-------------------------|---|----------------------------|---|
| Applied AED             | No  | Resuscitation Discontinued | 21:11 02/06/2019  |
| Applied By              |   | Discontinued Reason        | Return of Spontaneous Circulation (pulse or BP noted)                               |
| Defibrillated           | No  | Resuscitation              | Resuscitation Attempted - Yes ; Attempted Ventilation, Initiated Chest Compressions |
| CPR Type                | Compressions - Continuous, Ventilation - Bag Valve Mask |                            |   |

| Incident Details  |   | Destination Details      |                          | Incident Times    |          |
|-------------------|---|--------------------------|--------------------------|-------------------|----------|
| Location Type     | Other Specified Place                                 | Disposition              | Transported Lights/Siren | PSAP Call         | 20:34:04 |
| Location          |   | Transport Due To         | Law Enforcement          | Dispatch Notified | 20:34:04 |
| Address           | 6635 E 42ND ST  | Transported To           | Eskenazi Hospital        | Call Received     | 20:34:04 |
| Address 2         |   | Requested By             |                          | Dispatched        | 20:34:38 |
| Mile Marker       |   | Destination              | Hospital                 | En Route          | 20:35:26 |
| City              | Indianapolis  | Department               | Emergency Room           | Staged            |          |
| County            | Marion  | Address                  | 720 Eskenazi Avenue      | Resp on Scene     |          |
| State             | IN  | Address 2                |                          | On Scene          | 20:52:32 |
| Zip               | 46226   | City                     | Indianapolis             | At Patient        | 20:54:00 |
| Country           | US  | County                   | Marion                   | Care Transferred  |          |
| Medic Unit        | MD24  | State                    | IN                       | Depart Scene      | 21:16:41 |
| Medic Vehicle     | 2993  | Zip                      | 46202-5190               | At Destination    | 21:33:18 |
| Run Type          | 911 Response  | Country                  | US                       | Pt. Transferred   | 21:38:00 |
| Response Mode     | Emergent  | Zone                     |                          | Call Closed       | 22:09:56 |
| Shift             | B Shift   | Condition at Destination |                          | In District       |          |
| Zone              |   | Destination Record #     |                          | At Landing Area   |          |
| Level of Service  | Advanced Life Support                                 | Trauma Registry ID       |                          |                   |          |
| EMD Complaint     | Psychiatric Problem/Abnormal Behavior/Suicide Attempt | STEMI Registry ID        |                          |                   |          |
| EMD Card Number   | 1CARDARRW   | Stroke Registry ID       |                          |                   |          |
| Dispatch Priority |   |                          |                          |                   |          |

| Crew Members       |        |   |
|--------------------|--------|---|
| Personnel          | Role   | Certification Level                     |
| HOLINGER, CAMPBELL | Lead   | Paramedic (Indiana) - 15182679          |
| IFD, EG24          | Driver | Other Healthcare Professional - IFDEG24 |
| RIZZI, KRISTEN     | Other  | EMT (Indiana) - 44144625                |

| Insurance Details |                      |                                |          |                             |  |
|-------------------|----------------------|--------------------------------|----------|-----------------------------|--|
| Insured's Name    | ELEANOR NORTHINGTON  | Primary Payer                  | Self Pay | Dispatch Nature             |  |
| Relationship      | Self                 | Medicare                       |          | Response Urgency            |  |
| Insured SSN       | 000004646            | Medicaid                       |          | Job Related Injury          |  |
| Insured DOB       |                      | Primary Insurance              |          | Employer                    |  |
| Address1          | 3520 Fall Creek Park | Policy #                       |          | Contact                     |  |
| Address2          | APT E                | Primary Insurance Group Name   |          | Phone                       |  |
| Address3          |                      | Group #                        |          | Mileage to Closest Hospital |  |
| City              | Indianapolis         | Secondary Ins                  |          |                             |  |
| State             | IN                   | Policy #                       |          |                             |  |
| Zip               | 46205                | Secondary Insurance Group Name |          |                             |  |
| Country           | US                   | Group #                        |          |                             |  |

| Mileage      |     | Delays   |        | Additional Agencies |  |
|--------------|-----|----------|--------|---------------------|--|
| Scene        | 0.0 | Category | Delays |                     |  |
| Destination  | 9.8 |          |        |                     |  |
| Loaded Miles | 9.8 |          |        |                     |  |
| Start        |     |          |        |                     |  |
| End          |     |          |        |                     |  |
| Total Miles  |     |          |        |                     |  |

| Personal Items |
|----------------|
|----------------|

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| Item     | Given To | Comment                   |
|----------|----------|---------------------------|
| Clothing |          | left in room with patient |

## Patient Transport Details

|                                    |              |                                      |  |
|------------------------------------|--------------|--------------------------------------|--|
| How was Patient Moved to Ambulance | Stretcher    | How was Patient Moved From Ambulance |  |
| Patient Position During Transport  | Semi-Fowlers | Condition of Patient at Destination  |  |

## Billing Authorization

Authorization

## Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On

Notice of Privacy Practices Provided

Printed Parent Name

Billing Authorization

HIPAA Acknowledgement

## Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.  
Authorized representatives include only the following:(Check one)

|  |
|--|
| Patient's Legal Guardian   |
| Patient's Medical Power of Attorney  |
| Relative or other person who receives benefits on behalf of the patient                          |
| Relative or other person who arranges treatment or handles the patient's affairs                 |
| Representative of an agency or institution that provided care, services or assistance to patient |

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On

Notice of Privacy Practices Provided

Printed Name

Reason unable to sign

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**Section III - EMS Personnel and Facility Signatures**

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

**EMS Personnel Signature**

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

|                       |  |
|-----------------------|--|
| Signed On             | 02/07/2019 04:47:03  |
| Printed Name          | Campbell Holinger, CCPC  |
| Reason unable to sign | altered mental status, critical care status, and arrest status |

**Facility Representative Signature**

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**

|                                      |                     |
|--------------------------------------|---------------------|
| Signed On                            | 02/06/2019 22:24:14 |
| Notice of Privacy Practices Provided | No                  |
| Printed Name                         | Deb, RN             |
| Title of Representative              | RN                  |

**Facility Signatures**

|           |  |
|-----------|--|
| Signed On |  |
| Receiving |  |

|                    |  |
|--------------------|--|
| Signed On          |  |
| Paperwork Received |  |

|                     |                     |
|---------------------|---------------------|
| Signed On           | 02/06/2019 22:26:32 |
| Airway Confirmation | Rutz, MD            |



Indianapolis EMS  
Patient Care Record

Name: NORTINGTON, ELEANOR

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

Provider Signatures

|               |                    |                     |                                |
|---------------|--------------------|---------------------|--------------------------------|
| Lead Provider | HOLINGER, CAMPBELL | Certification Level | Paramedic (Indiana) - 15182679 |
|---------------|--------------------|---------------------|--------------------------------|

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|          |  |                     |  |
|----------|--|---------------------|--|
| Provider |  | Certification Level |  |
|----------|--|---------------------|--|

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| Provider |  | Certification Level |  |
|----------|--|---------------------|--|

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|----------|--|---------------------|--|
| Provider |  | Certification Level |  |
|----------|--|---------------------|--|



Indianapolis EMS  
Patient Care Record

Name: NORTINGTON, ELEANOR

190206205550d8db

2/6/2019

9:15:42 PM

50 yrs

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

Room:

Operator:

Rate 148  
PR  
QRSd 107  
QT 292  
QTc 440

• Atrial fibrillation  
• Repol abnrm suggests ischemia, diffuse leads

? atrial activity  
ST-T neg, ant/lat/inf

Incident ID:  
190206205550d8db

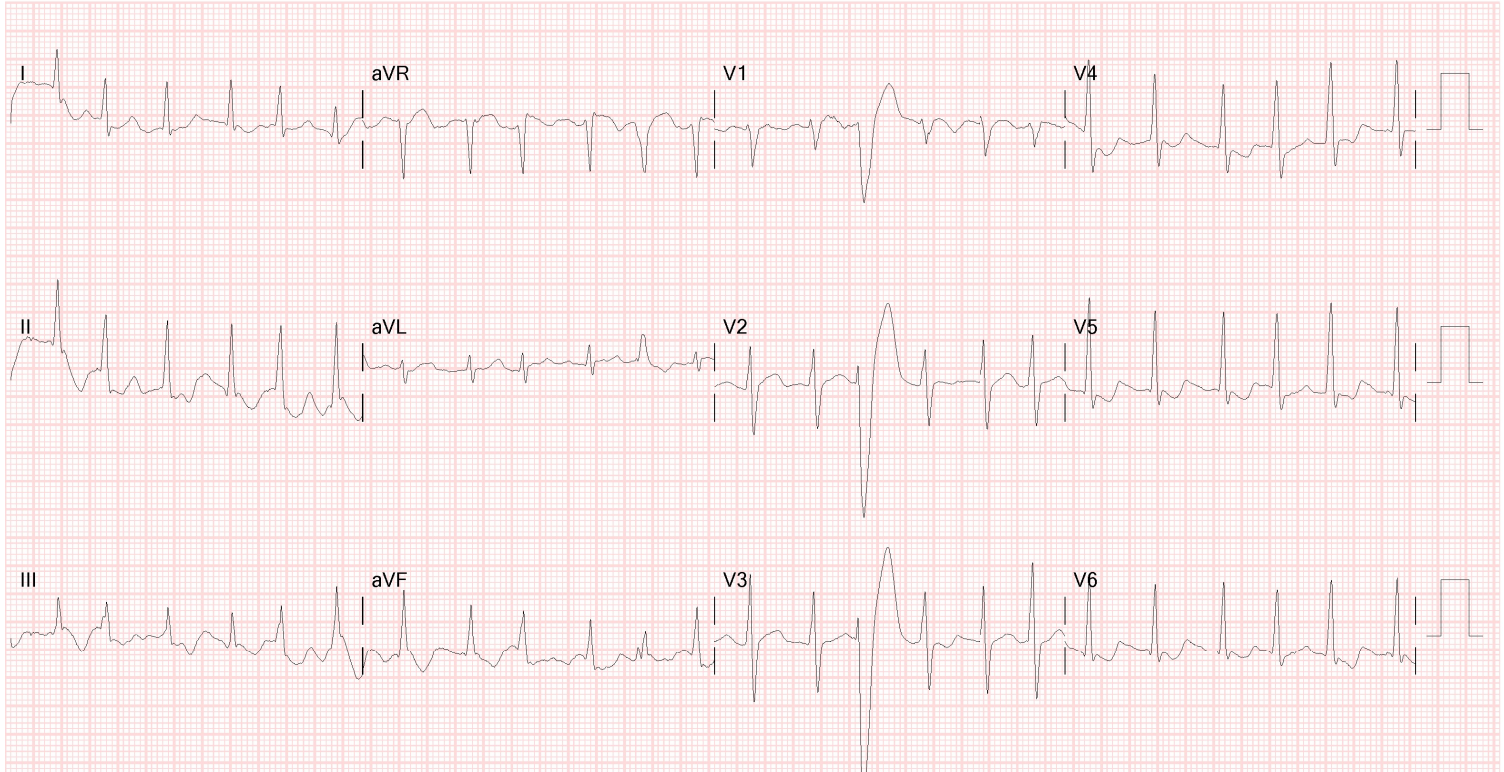
Reference ID:

## Axes

P  
QRS 58  
T 263

- ABNORMAL ECG -

Unconfirmed diagnosis



190206205550d8db

25 mm/sec

2/6/2019

Limb: 10 mm/mV

9:15:42 PM

Chest: 10 mm/mV

60~ 0.05 - 40 Hz

PH100BE

P?

IEMS 124003

**Indianapolis EMS**  
Patient Care Record

Name: NORTINGTON, ELEANOR

190206205550d8db

2/6/2019

9:33:41 PM

50 yrs

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

Room:

Operator:

Rate 114  
PR 159  
QRSd 110  
QT 345  
QTc 476

- Sinus tachycardia
- Multiple ventricular premature complexes
- Nonspecific repol abnormality, diffuse leads

rate > 99  
V complexes w/ short R-R intervals  
ST dep, T flat/neg, ant/lat/inf

Incident ID:  
190206205550d8db

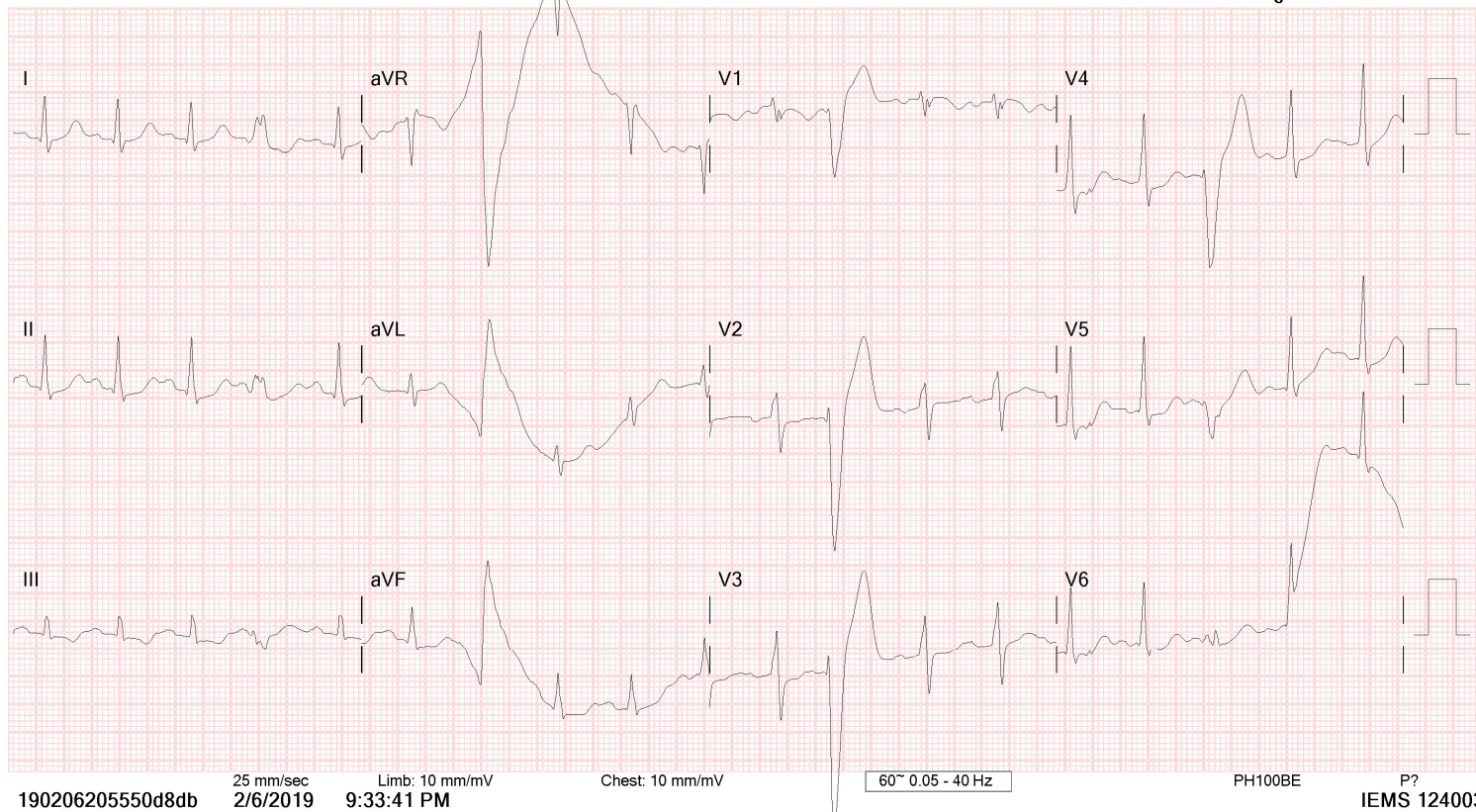
Reference ID:

## Axes

P 74  
QRS 55  
T -18

- ABNORMAL ECG -

Unconfirmed diagnosis





Indianapolis EMS  
Patient Care Record

Name: NORTINGTON, ELEANOR

190206205550d8db

2/6/2019

9:34:32 PM

50 yrs

Male

---/---

Incident #: IF1900016729

Date: 02/06/2019

Patient 1 of 1

IEMS 124003

Department:

Room:

Operator:

Rate 116  
PR 140  
QRSd 108  
QT 347  
QTc 482

• Sinus tachycardia

• Multiform ventricular premature complexes

rate &gt; 99

short R-R, variable morphology

Incident ID:

190206205550d8db

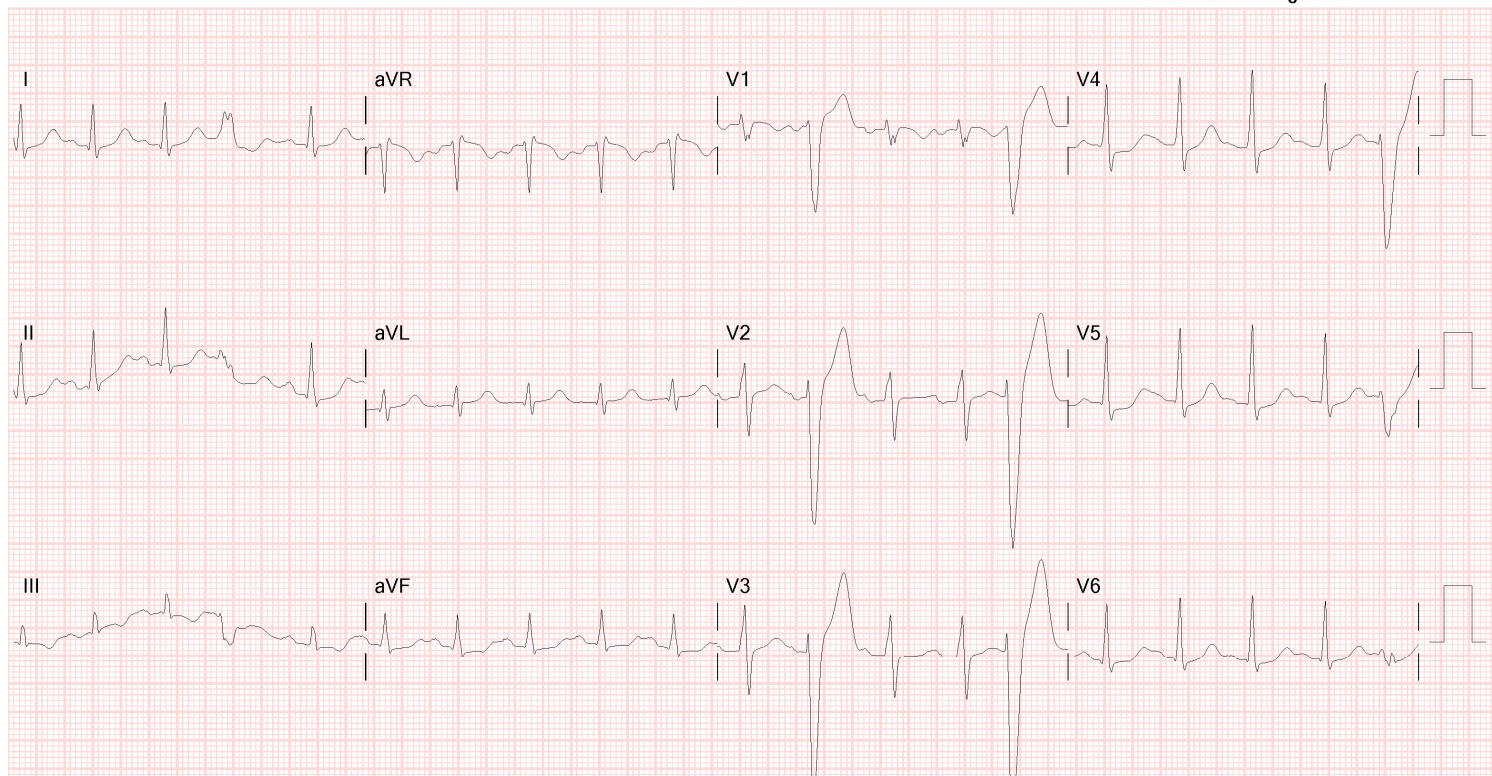
Reference ID:

## Axes

P 73  
QRS 49  
T -24

- ABNORMAL ECG -

Unconfirmed diagnosis



190206205550d8db

25 mm/sec

2/6/2019

Limb: 10 mm/mV

9:34:32 PM

Chest: 10 mm/mV

60~ 0.05 - 40 Hz

PH100BE

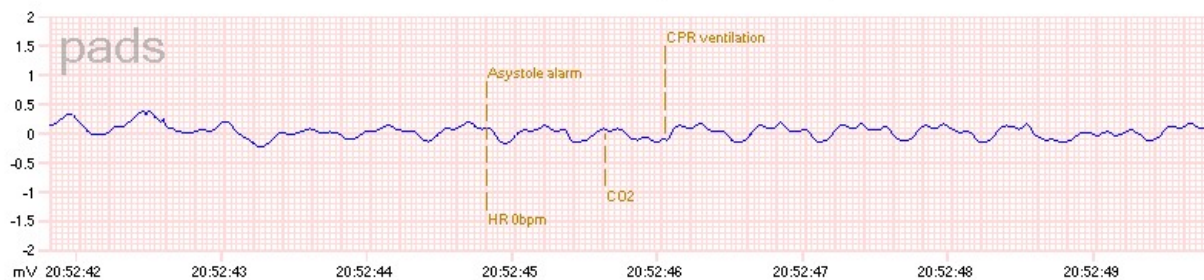
P?

IEMS 124003

Event Time: 2/6/2019 8:52:44 PM

Event: HR 0bpm

Image Generated: 2/7/2019 6:37:16 AM





**Indianapolis EMS**  
Patient Care Record

**Name:** NORTHINGTON, ELEANOR

**Incident #:** IF1900016729

**Date:** 02/06/2019

Patient 1 of 1

Event Time: 2/6/2019 9:42:53 PM

Event: HR

Image Generated: 2/7/2019 6:37:18 AM

